ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION
UNDERGROUND STORAGE TANK

Operations Inspection Report 2010

Instructions: Only a person currently licensed by the State of Alaska in UST Inspection may fill out this form. Detailed instructions are in the ADEC *UST Operations Inspector Reference Handbook*, available at ADEC or online at these links: http://www.dec.state.ak.us/spar/ipp/docs/manual1.pdf and http://www.dec.state.ak.us/spar/ipp/docs/manual2.pdf

SECTION 1: GENERAL INFORMATION

FACILITY NAME:	**OWNER NAME:**
Location Address:	Mailing Address:
City:	City, State, Zip:
Phone:	Phone: Fax:
OPERATOR NAME:	**MAILING ADDRESS FOR COMPLIANCE TAG DECALS:**
Phone:	Name:
Fax:	Address:
E-mail:	City, State, Zip:

ADEC Facility Number	Inspection Date	UST Inspector License #	UST Inspector Name	All applicable tanks are registered?	Current Compliance Tag is visible to fuel distributor?
				☐Yes ☐No	☐Yes ☐No

Print out the ADEC *Facility Tank Summary* from the web database if corrections are necessary. *Highlight and make corrections to tank information and attach.* **Use the ADEC Tank number system on the first line.** Please number compartmented tanks, for example, as *"1A"* and *"1B,"*and inspect each compartment as if it were an individual tank.

TANK AND PIPING (ADEC NUMBER)	TANK #	TANK #	TANK #	TANK #
Owner Tank number, *if different*				
Status (*Active* or *Taken-Out-of-Use*)				
Capacity (*Volume in Gallons*)				
Product (*Specify type of petroleum*)				
Tank Construction Material				
Compartment Tank (*Yes* or *No*)				
Double-Wall Tank (*Yes* or *No*)				
Piping Type *(Suction or Pressurized)*				
Pipe Outer-Wall Construction Material				
Double–Wall Piping (*Yes* or *No*)				
Multiple Pipe Runs per tank (*Yes* or *No*), if *Yes*, show on map, *page 2*				
Emergency Power Generator (*Yes* or *No*)				

Questions? Contact the ADEC UST office: **907-269-7679** *fax:907-269-7687* CHERYL.PAIGE@ALASKA.GOV http://www.dec.state.ak.us/spar/ipp/tanks.htm

Return this ORIGINAL FORM, with each page initialed and signed, *no later than September 30* of this inspection year to the:

ADEC - Underground Storage Tanks
555 Cordova Street
Anchorage, Alaska 99501-2617

SKETCH: Draw a basic layout of the UST SYSTEM(s). **Indicate North.** Indicate a nearby structure.

LEGEND KEY

- ❑ **(T)** Tank, include **ADEC Tank #** (identify all compartments)
- ❑ **(P)** Product piping
- ❑ **(PS)** Piping sumps
- ❑ **(D)** Dispensers
- ❑ **(A)** Alarms
- ❑ **(ATG)** Automatic tank gauge consoles
- ❑ **(RCT)** Rectifiers
- ❑ **(AN)** Impressed current anodes
- ❑ **(S)** Structure Contact Points for CP
- ❑ **(R)** Reference cell locations for CP
- ❑ ↑ North Arrow
- ❑ Add GPS Coordinates if known.

SECTION 2: TANK TEMPORARILY CLOSED OR TAKEN-OUT-OF-SERVICE

Fill out this section for any tank that is "temporarily closed" (contains product but is out of service for three months or less) **or** is "taken out-of-service" (is empty *and* out of service for no more than 12 months). A complete inspection of these tanks is required. This section does not apply to a tank that is currently in use *or* permanently closed ***within ADEC regulations***. *Note:* A tank that is not in compliance with Title 18 Alaska Administrative Code 78 *Underground Storage Tank* standards is defined as ***substandard*** and must be permanently closed *within 12 months of the determination.*

ANSWER *YES* OR *NO*	TANK #	TANK #	TANK #	TANK #
Tank contains less than one inch of product				
Tank is vented and fill pipe is locked or secured to prevent access				
Date tank was "temporarily closed" or "taken out-of-service" (MONTH/ YEAR)				

SECTION 3: RELEASE DETECTION SUMMARY

OPERATION AND MAINTENANCE SYSTEM REPAIR

	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#
Has tank/piping been repaired? ***(YES OR NO)***								
Was the UST system tightness tested or internally inspected within 30 days of repair? ***(YES OR NO)***								

SUSPECTED RELEASE NOTIFICATION

	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#	TANK#	PIPE#
Is the UST system monitored monthly?								
Leak Detection Results: has tank and/or piping had two *consecutive* months of non-passing (fail, inconclusive, invalid, etc.) results? ***(YES OR NO)***								
If yes, was it reported to ADEC as a suspected release and investigated? ***(YES OR NO)***								

This section indicates the method or methods of release detection present. Proceed to the section noted in the last column to complete the details of the inspection. ***Only*** UST systems registered with ADEC as taken out of service (TOS) *that are empty*, and/or Emergency Power Generators (EG), are exempt from release detection monitoring requirements.

TANK METHOD	**Indicate primary (P) method and, if applicable, secondary (S) method for each tank**				**Using primary method, proceed to section:**
	TANK #	**TANK #**	**TANK #**	**TANK #**	
Automatic Tank Gauging					***3.A.***
Continuous In-Tank Leak Detect System					***3.B.***
Interstitial Monitoring					***3.C.***
Inventory Control and Tightness Testing					***3.D.*** (page 7) and ***3.E.***
Statistical Inventory Reconciliation					***3.D.*** (pages 7 and 8)
Manual Tank Gauging (2,000 gal or less)					Refer to Inspector Handbook
None needed ***(EXPLAIN: TOS OR EG)***					NA

PIPE METHOD **FILL OUT FOR EACH SEPARATE PIPE RUN**	**Indicate primary (P) method and, if applicable, secondary (S) method for each pipe run**				**Using primary method, proceed to section:**
	PIPE #	**PIPE #**	**PIPE #**	**PIPE #**	
Pressurized piping only *[stand-alone sump sensors not allowed per 18 AAC 78.070(b)]*					
Automatic line leak detector (ALLD, 3 gph) and double-wall pipe with liquid sump sensor					***3.C.*** and ***3.H.***
ALLD (3 gph) and double-wall pipe with manual Interstitial Monitoring					***3.C.*** and ***3.H.***
ALLD (3 gph) with monthly SIR					***3.D.*** and ***3.H.***
ALLD (3 gph) and annual line tightness test					***3.E.*** and ***3.H.***
ALLD that can perform 3 gph continuous plus 0.2 gph/ month (electronic)					***3.G.*** and ***3.H.***
Other combination ***(EXPLAIN)***					as applicable
Suction piping only					
Interstitial monitoring, electronic or manual					***3.C.***
Statistical Inventory Reconciliation (SIR)					***3.D.***
Line tightness test every 3 years					***3.E.***
Safe Suction					***3.F.***
None needed ***(EXPLAIN: TOS OR EG)***					***NA***

☐ **APPLICABLE**
☐ **NOT APPLICABLE**

SECTION 3.A. AUTOMATIC TANK GAUGING (TANK ONLY)

	FILL OUT BLOCKS 1-3, AND 15. BLOCKS 4-14: ANSWER *YES* OR *NO*	**TANK #**	**TANK #**	**TANK #**	**TANK #**
1	Console Make and Model				
2	Probe Type Model- Fill out for each tank				
3	Frequency: How often does ATG perform test? [Daily – Weekly – Monthly]				
4	Device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.) including limitations listed on evaluation summary of *NWGLDE* list.				
5	Review system setup. Confirm proper settings. Setup is correct.				
6	Verify that all probes are functioning.				
7	Monitoring panel or control box is present and working.				
8	Tank is filled to proper capacity **(_____ %)** and test run for proper duration of time (_____ hours) during the last 2 months, in accordance with manufacturer's instructions.				
9	Owner's manual for console and probes is available at the site.				
10	Verification that console and probe are third-party approved [on the *NWGLDE* list].*				
11	ATG* meets minimum performance standards, with the probability of detection set at _____% and the probability of false alarm set at _____ %				
12	Existing release detection results show no evidence of a release.				
13	ATG is checking the portion of the tank that routinely contains product, in accordance with manufacturer's instructions.				
14	Monthly release detection records are available for last 12 months. [ATG** records must show that 8 of the past 12 months have a passing test, without two consecutive months of inconclusive results.]				
15	***NUMBER OF PASSING MONTHS:***				
ATG passes inspection if blocks 4 through 14 are all ***YES.*** If Block 15 is **less than 8 months**, then tank is on **LEAK DETECTION PROBATION****					

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum
*If ***NO***, see ADEC *Certification of Performance for UST Leak Detection Equipment Fact Sheet.*
** See *Leak Detection Recordkeeping Fact Sheet;* **Owner or Operator** must sign on bottom right of page 13.

DEFICIENCIES: _____

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FURTHER RECOMMENDATIONS: _____

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☐ **APPLICABLE**
☐ **NOT APPLICABLE**

SECTION 3.B. CONTINUOUS IN-TANK LEAK DETECTION SYSTEM (CSLD) (TANK ONLY)

	FILL OUT BLOCKS 1, 2 AND 13. BLOCKS 4 THROUGH 12: *YES* OR *NO*	**TANK #**	**TANK #**	**TANK #**	**TANK #**
1	Console Make and Model				
2	Probe Model. Fill in for each tank.				
3	Device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.) including limitations listed on evaluation summary (*NWGLDE*)				
4	Review system setup. Confirm proper settings. Setup is correct:				
5	Verify that all probes are functioning.				
6	Monitoring panel or control box is present and working.				
7	Owner's manual for console and probes is available at site.				
8	Verify that console and probe are third-party approved and on the *NWGLDE* list for CLDS.*				
9	CLDS meets minimum performance standards, with the probability of detection set at _____**%** and the probability of false alarm set at _____**%**.*				
10	Existing release detection results show no evidence of a release.				
11	CLDS is checking the portion of the tank that routinely contains product, in accordance with manufacturer's instructions.				
12	Monthly release detection records are available for last 12 months. CLDS** records must show that 8 of the past 12 months have a passing test, without two consecutive months of inconclusive results.				
13	***NUMBER OF PASSING MONTHS:***				
CLDS passes inspection. Blocks 3 through 12 are all ***YES*.** If Block 13 is **less than 8 months**, then tank is on **LEAK DETECTION PROBATION****					

Note: If the answer to any question is NO, please explain below. List any problems noted during inspection. Note corrections on Addendum
*If ***NO***, see ADEC *Certification of Performance for UST Leak Detection Equipment Fact Sheet.*
** See *Leak Detection Recordkeeping Fact Sheet*

DEFICIENCIES: _____

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FURTHER RECOMMENDATIONS: _____

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☐ **APPLICABLE**
☐ **NOT APPLICABLE**

SECTION 3.C. INTERSTITIAL MONITORING (TANK AND PIPING)

	FILL OUT EACH BLOCK FOR EACH TANK AND EACH PIPE	TANK#	PIPE #	TANK #	PIPE #	TANK #	PIPE #	TANK #	PIPE #
	MANUAL SYSTEM ONLY								
1	Interstitial Space is filled with **Liquid** (Brine) or **Gas** (Dry)								
2	Equipment (calibrated stick and written log) is accessible and functional.								
3	Interstitial space is monitored in appropriate location***								
4	Evidence of liquid is in sump or interstitial space of an air-filled system. *[NA if Brine filled]*								
5	Evidence of loss or gain of brine is in a brine-filled system. *[NA if Gas filled]*								
6	Operation of partial-vacuum or over-pressure system is within the manufacture design specifications and instructions.								
7	Existing release detection results show no evidence of a release.								
8	Visual inspection indicates secondary containment has no noticeable leaks or holes.								
	ELECTRONIC SYSTEM ONLY								
9	Interstitial Space is filled with Liquid **(Brine) or** Gas **(Dry)**								
10	Type of interstitial sensor **(i.e., Liquid, Discriminating, Pressure)**								
11	Console *make and model*								
12	Sensor *make and model*								
13	Console and sensor are on the *NWGLDE* list*								
14	Monitoring console is operational.								
15	Interstitial sensor visually inspected, functionally tested, and confirmed operational.	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
16	Sensor monitors the interstitial space in the appropriate position***								
17	Device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.) including limitations listed on evaluation summary (*NWGLDE*) list								
	SUMMARY								
18	Monthly release detection records are available for last 12 months. Interstitial Monitoring must show that 8 of the past 12 months have passed with no more than two inconclusive records.								
19	***NUMBER OF PASSING MONTHS:***								
	Interstitial Monitoring passes inspection if Blocks 2, 3, 6-8, and 18 are ***YES*** **for Manual,** ***OR*** Blocks 9-18 are ***YES*** **for Electronic**. If Block 19 is **less than 8 months**, then put the tank and/or piping on **LEAK DETECTION PROBATION****								

*Note: If the answer to any question is **NO**, please explain below. List any problems noted during inspection. Note corrections on Addendum.*
* If not, see *Certification of Performance Standards for UST Leak Detection Equipment Fact Sheet*.
** See *Leak Detection Recordkeeping Fact Sheet.*
***Monitor in the interstitial space is at the lowest point of secondary containment for gas-filled sensors, or at the highest point of secondary containment for brine-filled sensors, and positioned so that other equipment will not interfere with its proper operation. See manufacture specifications and *NWGLDE* list of limitations for continual-partial vacuum or overpressure-interstitial monitoring.

DEFICIENCIES: _____

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FURTHER RECOMMENDATIONS: _____

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☐ APPLICABLE
☐ NOT APPLICABLE

SECTION 3.D.1. INVENTORY CONTROL (TANK ONLY) AND/ OR STATISTICAL INVENTORY RECONCILIATION (TANK AND PIPING)

#	FILL OUT THIS SECTION *IF* INVENTORY CONTROL [TANKS LESS THAN 2,000 GALLONS] *OR* INVENTORY CONTROL COMBINED WITH STATISTICAL INVENTORY RECONCILIATION (SIR) IS USED.	TANK #	TANK #	TANK #	TANK #
1	Readings are recorded daily when operating.				
2	Inventory records are reconciled monthly.				
3	Appropriate calibration chart is used for calculating volume to nearest 1/8 inch.				
4	Stick readings are logged **before** each delivery.				
5	Stick readings are logged **after** each delivery.				
6	Gauge stick is marked to determine product level to the nearest 1/8 inch.				
7	Gauge stick can measure to full height of tank.				
8	Monthly water readings checked to the nearest 1/8 inch and used to calculate inventory balances. If water intrusion is noted, list in "Deficiencies."				
9	***FILL DROP TUBE IS INSTALLED AND FUNCTIONAL.***				
10	Each dispenser is metered and recorded within state or local standards for meter calibration. ***DATE METER CALIBRATED:***				
11	Total monthly overages [or shortages] are less than 130 gallons plus one percent of tank's flow-through (sales) volume for the last 12 months.				
12	Existing release detection results indicate operation without evidence of a release.				
13	Monthly release detection records are available for the last 12 months. [Monitoring must show that eight of the past 12 months have a passing record, with no more than two consecutive months of inconclusive results.]				
14	***NUMBER OF PASSING MONTHS:***				
Inventory Control Passes Inspection. Blocks 1 through 12 are ***YES***. If Block 14 is **less than 8 months**, then put the tank on **LEAK DETECTION PROBATION****					

If using Statistical Inventory Reconciliation (SIR), also fill ***SECTION 3.D.*** on page 8
If using Inventory Control only, also fill out Tightness Testing ***SECTION 3.E.*** on page 8

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum.
**** See *Leak Detection Recordkeeping Fact Sheet.*

DEFICIENCIES: _____

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FURTHER RECOMMENDATIONS: _____

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SPECIAL NOTE FOR TANKS WITH MANUAL TANK GAUGING AS THE SOLE SOURCE OF RELEASE DETECTION:
PLEASE REFER TO THE ADEC INSPECTOR HANDBOOK FOR A SUMMARY OF SPECIAL REQUIREMENTS.
THE REQUIRED FORM IS FOUND ON PAGE 71.

☐ APPLICABLE
☐ NOT APPLICABLE

SECTION 3.D.2. STATISTICAL INVENTORY RECONCILIATION (TANK AND PIPING)

FILL OUT THIS SECTION IF THE TANK AND/ OR PIPE USES STATISTICAL INVENTORY RECONCILIATION (SIR) *[YES OR NO]*		TANK #	PIPE #	TANK #	PIPE #	TANK #	PIPE #	TANK #	PIPE #
1	Evidence of a release in the existing release detection results:								
2	SIR method is on *NWGLDE* list. **METHOD NAME:**								
3	If applicable, SIR method is approved for piping on evaluation summary (*NWGLDE* list.)	*NA*		*NA*		*NA*		*NA*	
4	SIR results received by owner from vendor within 30 days of submittal of data.								
5	SIR results indicate sufficient amount of data was used to perform leak check.								
6	Eight of the last 12 months *prior to the inspection* have passed** Explain below if ***NO***.								
7	***NUMBER OF PASSING MONTHS:***								
8	There were two or more *consecutive inconclusive* results in the last 12 months.** Explain below if ***YES***.								
Statistical Inventory Reconciliation (SIR) passes inspection if Block 1 is *No* and Blocks 2 through 6 are all ***YES***.									
If Block 7 is less than 12 months or if Block 8 is ***YES***, then put the tank on **LEAK DETECTION PROBATION.**** **If Block 1 is *YES*, then report it as a suspected release to ADEC:** 907-269-7886									

Note: If the answer to Blocks 2-6 is NO, please explain below. List any problems noted during inspection. Note corrections on Addendum.

** See the *Leak Detection Recordkeeping Fact Sheet.*

DEFICIENCIES: _____

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FURTHER RECOMMENDATIONS: _____

☐ APPLICABLE
☐ NOT APPLICABLE

SECTION 3.E. TIGHTNESS TESTING (TANKS AND PIPING)

Fill out this section if tank and/or or pipe uses periodic tightness testing

	FILL OUT EACH BLOCK FOR EACH TANK AND PIPE ***(YES*** OR ***NO)***	TANK #	PIPE #	TANK#	PIPE #	TANK #	PIPE #	TANK#	PIPE #
1	Test method is on *NWGLDE* list as a 0.1gph tightness test. **METHOD NAME:**								
2	Tightness test performed by Alaska-certified Worker ***LICENSE#*** ***NAME:***								
3	Last tightness-test results available and passed. (Shows no evidence of a potential release.) ***ATTACH A COPY***								
4	Tightness testing is conducted within specified time frames for method: every 5 years for tanks doing Inventory Control; annually for pressurized piping; every 3 years for non-exempt suction piping.								
5	Still eligible for combination of Inventory Control and TTT. ***EXPIRATION DATE IS:***								
Tightness Testing passes inspection. Blocks 1 through 4 are all ***YES***. ***ATTACH COPY OF TIGHTNESS TEST.***									

Note: If the answer to any question is NO, please explain below. List any problems noted during inspection. Note corrections on Addendum.

DEFICIENCIES: _____

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FURTHER RECOMMENDATIONS: _____

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☐ **APPLICABLE**
☐ **NOT APPLICABLE**

SECTION 3.F. SAFE SUCTION (SUCTION PIPING ONLY)

Fill out this section to verify that the suction piping system does not require release detection.

#	FILL OUT FOR EACH PIPE (*YES* OR *NO*)	PIPE #	PIPE #	PIPE #	PIPE #
1	The piping slope is back to the tank and operates under atmospheric pressure or less.				
2	Only one check valve is used.				
3	The check valve is directly under the dispensing pump.				
Safe Suction passes inspection. Blocks 1, 2 and 3 are ***YES*.**					

Note: If the answer for 1, 2, ***or*** 3 is ***NO***, another type of line release detection must be used and inspected.
Fill out the applicable section on piping release detection.
List any discrepancies noted during inspection. Deficiency corrections and/or repairs must be listed in ***SECTION 8 - ADDENDUM.***

DEFICIENCIES: _____

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COMMENTS: _____

☐ **APPLICABLE**
☐ **NOT APPLICABLE**

SECTION 3.G. LINE LEAK DETECTOR TEST RESULTS

#	FILL OUT EACH BLOCK FOR EACH PIPE	PIPE #	PIPE #	PIPE #	PIPE #
1	Console make-and-model number.				
2	Line leak detector make-and-model number.				
3	Automatic Shut-Off Device (**S-O**) Restrictor (**R**) Audible or Visible Alarm (**A**)				
4	Is the equipment on the *NWGLDE* list?* ***(YES OR NO)***				
5a	Device is performing and operational at 3.0 gph @ 10 psi. Complete *Section 3.h*. for this line leak detector.				
5b	Device is performing and operational at 0.2 gph @ 10 psi.				
5c	Device is performing and operational at 0.1 gph @ 10 psi.				
6	Device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.) including the limitations listed on evaluation summary *(NWGLDE)* list. ***(YES OR NO)***				
7	Equipment used to perform functional test:				
8	Monthly release detection records are available for last 12 months. ***(YES OR NO)***				
9	Eight of the past 12 months have a passing record without two consecutive months of inconclusive, invalid or failing results. ***(YES OR NO)***				
10	Evidence of release is shown by the Line Leak Detection Monitor records ***(YES OR NO)***				
11	***NUMBER OF PASSING MONTHS:***				
Monthly Line Leak Detector Passes inspection: Blocks 4, 5a, and 6 through 9 are ***YES*** and Block 10 is ***NO.*** If Block 11 is **less than eight months**, then put the UST system on **LEAK DETECTION PROBATION****					

Note: If the answer to any question is NO, please explain below. List any problems noted during inspection. Note corrections on Addendum
*If ***NO***, see ADEC *Certification of Performance for UST Leak Detection Equipment Fact Sheet*.
** See *Leak Detection Recordkeeping Fact Sheet*.

DEFICIENCIES: _____

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FURTHER RECOMMENDATIONS: _____

☐ APPLICABLE
☐ NOT APPLICABLE

SECTION 3.H. AUTOMATIC LINE LEAK DETECTORS (PRESSURIZED PIPING ONLY)

#	CHECK TYPE AND FUNCTIONING OF AUTOMATIC LINE LEAK DETECTOR [ALLD]	PIPE #	PIPE #	PIPE #	PIPE #
1	Mechanical or Electronic				
2	Make and Model				
3	Automatic Shut-Off Device (**SO**) Restrictor (**R**) Audible or Visible Alarm (**A**)				
4	ALLD device is performing and operational at 3.0 gph @ 10 psi ***(YES** or **NO)***				
5	Is the ALLD equipment on the *NWGLDE* list?*				
6	ALLD device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.) to include limitations listed on the third-party certification list (*NWGLDE)* ***(YES** or **NO)***				
7	The entire piping system is covered by the ALLD ***(YES** or **NO)***				
8	All ALLDs must pass an annual functional test, in accordance with manufacturer's specifications. This is to assure it is properly installed, not tampered with, or bypassed, etc. [Test is performed by a state-licensed UST Installer, Inspector or Tank Tightness Tester.] ***ATTACH A COPY OF THE TESTS***	**Dates passed:** 2008 2009 2010	**Dates passed:** 2008 2009 2010	**Dates passed:** 2008 2009 2010	**Dates passed:** 2008 2009 2010
9	**ALLD passed an annual functional test this inspection.** ***(YES** or **NO)***				
10	Equipment used to perform the functional test:				
11	Self-testing electronic ALLD shows the last record of a passing 3.0 gph @ 10 psi test result, for each pipe, is within the last 72 hours. ***ATTACH A COPY OF THE TEST.*** ***(YES** or **NO)***				
12	ALLD shows evidence of a release ***(YES** or **NO)***				
Automatic Line Leak Detection Passed Inspection: Blocks 4 – 7, 9 and 11 are ***YES***. Block 12 is ***NO***.					

Note: If the answer to any question in Blocks 4 – 7, 9 or 11 is NO, please explain below. List any problems noted during inspection.
Note corrections on page 14, Section 8 - Addendum

*(Block 5) If ***NO***, see ADEC *Certification of Performance for UST Leak Detection Equipment Fact Sheet*

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

REPORT ALL KNOWN OR POTENTIAL SPILLS OR LEAKS TO THE ADEC UST MANAGER: 907-269-7886 *FAX: 269-7687*
and Call your local ADEC Spill Response Office

Area	Phone	FAX
Central (Anchorage)	269-3063	269-7648
Northern (Fairbanks)	451-2121	451-2362
Southeast (Juneau)	465-5340	465-2237

http://www.dec.state.ak.us/spar/spillreport.htm
1-800-478-9300 after business hours

SECTION 4: SPILL AND OVERFILL PREVENTION

4.A. SPILL PREVENTION DEVICE

#	ANSWER *YES* OR *NO* FOR EACH TANK	Tank #	Tank #	Tank #	Tank #
1	Equipped with spill bucket or other approved device				
2	Spill bucket is clean and free of debris and water.				
3	Spill bucket is free of cracks, gaps or holes				
4	Fill Pipe is installed free of abnormalities (bent drop tubes, cracks or holes) especially at connections to tank and/or spill prevention device.				
5	Spill device not required. *Tank that receives less than 25 gallons of petroleum per delivery is not required to have a spill device.*				
Spill device passes inspection. Blocks 1 through 4 are ***YES*** (***or*** Block 5 is ***YES***).					

Note: If any answer to Blocks 1 through 4 is NO, explain below. List any problems noted during inspection. Note corrections on Addendum.

4.B. OVERFILL DEVICE

#	DESCRIBE TYPE OF EQUIPMENT PRESENT BLOCKS 3-8 ANSWER *YES* OR *NO*	Tank #	Tank #	Tank #	Tank #
1	Overfill device present *(list all):* Automatic Shutoff (**AS**), Ball Float Valve (**BFV**), High Level Alarm (**HLA**), Other				
2	Indicate delivery method (gravity or metered flow)				
3	Owner/operator ensures releases due to spilling or overfilling do not occur, for example, product is measured prior to each delivery to ensure enough room in tank for delivery. All fuel deliveries are monitored by operator and distributor.				
4a	Visually observed overfill housing; device is present				
4b	Documentation of installation provided ***OR*** service provider has certified that overfill device operates and is functional.				
	AUTOMATIC SHUT-OFF ONLY				
5	Visual observation indicates the drop tube is unobstructed (anything that would render the shut-off device ineffective)				
	BALL FLOAT VALVE AND VENT RESTRICTOR				
6	BFV and/or vent restrictor material is compatible with UST system configuration, product, delivery, and use.*****				
	EXTERNAL HIGH LEVEL ALARM ONLY				
7	Alarm is tested and is functioning properly at 90%, and is audible or visible to the driver at the point of transfer.				
	OVERFILL DEVICE NOT REQUIRED				
8	Tank receives less than 25 gallons of petroleum per delivery (is not required to have an overfill device).				
Overfill device passes inspection. Blocks 3 through 7 (as applicable) are ***YES (or Block 8, overfill device is not required).***					

Note: If the answer to any question is NO, explain below. List any problems noted during inspection. Note corrections on Addendum.

******** Ball float valves must be removed to pass inspection if the conditions listed in Title 18 Alaska Administrative Code 78.040(e) exist:***

Title 18 AAC 78.040(e) If a UST system has one or more of the following, the owner or operator of the system shall not use a ball float valve or a vent restrictor shut-off device on that system: (1) a tank that receives a pumped delivery; (2) suction piping with air eliminators; (3) remote fill pipes and gauge openings; (4) an emergency generator.

DEFICIENCIES: _____

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FURTHER RECOMMENDATIONS: _____

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SECTION 5: CORROSION PREVENTION

Fill out this section even if the tank or piping is made of non-metallic construction material.
Buried metal tank and piping (which includes fittings, flex-connectors, etc.,) must be isolated from soil or cathodically protected.

CHECK TYPE OF CORROSION PROTECTION FOR EACH TANK AND PIPE, AND ANSWER *YES*, *NO*, OR *NA*		TANK #	TANK #	TANK #	TANK #
❑	**GALVANIC CATHODIC PROTECTION (TANK AND PIPING)**				
1	Tank passed test in accordance with NACE Standard RP-0285. (Attach completed CP Test Form) ****				
2	Pipe passed test in accordance with NACE Standard RP-0285. (Attach completed CP Test Form) ****				
3	Record of last two cathodic protection tests on file with Owner or Operator. CP tests performed by Alaska-certified Worker *LICENSE #* *NAME:*				
4	Cathodic Protection system tested/inspected within six months of repair of UST system.				
	Galvanic Cathodic Protection passes inspection. Blocks 1 and 2 are ***YES***.				
❑	**IMPRESSED CURRENT CATHODIC PROTECTION (TANK AND PIPING)**				
5	System has power and it is turned on. ****				
6	60-day log is present and filled out properly. ****				
7	Tank passed test in accordance with NACE Standard RP-0285. (Attach completed CP Test form) ****				
8	Pipe passed test in accordance with NACE Standard RP-0285. (Attach completed CP Test form) ****				
9	Record of last two cathodic protection tests on file with Owner or Operator. Tests performed by Alaska-certified Worker: *LICENSE #* *NAME:*				
10	Cathodic Protection system tested and inspected within six months of repair of UST system.				
	Impressed Current Cathodic Protection passes inspection. Blocks 5 through 8 are **Yes**.				
Note: If the answer in any Block is NO, explain below. List any problems noted during inspection, even those that were corrected.					
**** PRIOR TO SYSTEM REPAIR *OR* ADJUSTMENT CALL ADEC IF ANSWER IN BLOCKS 1 THROUGH 10 IS NO.					

IF TANK *OR* PIPE HAS CATHODIC PROTECTION: THE COMPLETED CP TEST FORM IS ATTACHED ☐

❑	**INTERNALLY LINED (ONLY FOR TANKS WITH NO OTHER CORROSION PREVENTION):**				
11	Internal liner passed required periodic inspection. (Tank has liner only with no cathodic protection) ***ATTACH REPORT***				
12	Date liner installed (MONTH/ YEAR)				
13	Date last inspection due. (MONTH/ YEAR)				
14	Next Inspection due date. (MONTH/ YEAR) *(Tank has liner only with no cathodic protection)*				
❑	**NON-METAL CONSTRUCTION MATERIAL (TANK MEETS CORROSION PREVENTION):**				
15	**Tank:** Outer wall made of non-metallic material such as fiberglass or fiberglass clad steel. ***YES*** OR ***NO***				
16	**Pipe:** Outer wall made of non-metallic material such as fiberglass or corrugated plastic. ***YES*** OR ***NO***				
17	Were any of the following conditions observed in flexible piping: swelling, elongation, kinking, wrinkling, blistering, delaminating, softness, mold growth, or other abnormalities? **If so, please attach digital photographs and describe.**				

Notes: _____

SECTION 6: GENERAL COMMENTS

Use this section to list additional comments not listed in the previous pages. Attach another page if necessary.

Owners/operators are required to report unusual operating conditions to DEC. Were any unusual operating conditions observed?_____

_____

_____

SECTION 7: CERTIFICATION

FILL OUT THE FOLLOWING:	TANK #	TANK #	TANK #	TANK #
Use these codes: P = Pass Inspection, **F** = Fail Inspection, **NA** = Not Applicable.				
Release Detection (Tank only)				
Release Detection (Piping only)				
Spill Device (Tank only)				
Overfill Device (Tank only)				
Corrosion Protection (Tank only)				
Corrosion Protection (Piping only)				
Passes Inspection (Pass/Fail only)				
Tank Release Detection Record Keeping enter number of months with passing records **				
Piping Release Detection Record Keeping enter number of months with passing records **				
** Review *Leak Detection Record Keeping Fact Sheet.* If less than eight months of passing records, the tank or piping is on ***LEAK DETECTION PROBATION***. The Owner/Operator signs the *Leak Detection Probation Agreement* (below) with the Inspector.				

The Alaska Department of Environmental Conservation Underground Storage Tank database will be updated with information listed in this inspection report and the attached facility tank summary printout.

I, the Certified Inspector, have performed this UST Inspection and believe the contents of this report to be true and accurate at the time of inspection. I also have no significant financial interest with this UST.

Facility #_____ *(fill in).*

Print Name: _____

Signature: _____

E-Mail: _____

Phone: _____

Inspector ID #: _____Date: _____

I, the Owner/Operator *(circle one)*, have read this Inspection Report and have been told the condition of my UST facility, including all deficiencies, corrections and recommendations. *All applicable pages are **initialed** and included in this submittal.*

Print Name: _____

Signature: _____

E-Mail: _____

Phone:_____ Date:_____

Leak Detection Probation Agreement:

I have been hired to perform leak detection probation inspector duties listed on the *Leak Detection Record Keeping Fact Sheet* as applicable.

Probation Due Date:_____

Initial/Date_____

If different Certified Inspector (than above) identify:

Inspector Name/ID #: _____

Signature/Date:_____

Leak Detection Probation Agreement:

I agree to comply with leak detection monitoring as described on the *Leak Detection Record Keeping Fact Sheet* and as applicable to this facility.

Signature: _____

Date: _____

Please return the ORIGINAL FORM *no later than* September 30 of this inspection year to:

ADEC Underground Storage Tanks
555 Cordova Street
Anchorage, Alaska 99501-2617
fax: 907-269-7687

SECTION 8: ADDENDUM

FACILITY #	FACILITY NAME

Use this section to note any deficiency corrections or repairs that were made ***after the initial inspection***. The UST third-party *Operations Inspection* should be a 'snapshot' completed prior to any repairs or adjustments that would affect whether or not a UST would *pass* or *fail*. List each corrected item separately. If you have any questions, please call the UST office at ADEC, at **907-269-7679** *or* **907-269-7886**. Use additional copies of this page if necessary. Fax completed form to **907-269-7687**.

Item 1.

Date of Work: _____ Tank ***or*** Pipe #: _____ is now: ***PASS*** OR ***FAIL*** the Inspection (circle one)

Description of Repair or Deficiency Correction: _____

_____

_____

_____

_____

UST Worker Name: _____ Alaska UST Worker **License #** _____

UST Worker Signature: _____ Date _____

Item 2.

Date of Work: _____ Tank ***or*** Pipe #: _____ is now: ***PASS*** OR ***FAIL*** the Inspection (circle one)

Description of Repair or Deficiency Correction: _____

_____

_____

_____

_____

UST Worker Name: _____ Alaska UST Worker **License #** _____

UST Worker Signature: _____ Date _____

Item 3.

Date of Work: _____ Tank ***or*** Pipe #: _____ is now: ***PASS*** OR ***FAIL*** the Inspection (circle one)

Description of Repair or Deficiency Correction: _____

_____

_____

_____

_____

UST Worker Name: _____ Alaska UST Worker **License #** _____

UST Worker Signature: _____ Date _____

Item 4.

Date of Work: _____ Tank ***or*** Pipe #: _____ is now: ***PASS*** OR ***FAIL*** the Inspection (circle one)

Description of Repair or Deficiency Correction: _____

_____

_____

_____

_____

UST Worker Name: _____ Alaska UST Worker **License #** _____

UST Worker Signature: _____ Date _____

Please return original form to ADEC when the UST work to repair the deficiency is completed *no later than* September 30, 2009	ADEC Underground Storage Tanks 555 Cordova Street Anchorage, Alaska 99501-2617
Questions? Contact the ADEC UST office:	Bill.Steele@alaska.gov **907-269-7886** ***fax: 907-269-7687*** Cheryl.Paige@alaska.gov **907-269-7679** Internet: **http://www.dec.state.ak.us/spar/ipp/tanks.htm**

ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION
UNDERGROUND STORAGE TANK

CATHODIC PROTECTION TEST

This form is to be used with the third-party UST Operations Inspection or for an independent Cathodic Protection Test.

FACILITY NAME:	**OWNER NAME:**
ADEC FACILITY #:	Mailing Address
Physical Location	City, State, Zip
City	Phone
Phone	**OPERATOR NAME:**
MAILING ADDRESS (if different)	Phone
Address	Fax
City, State, Zip	E-mail:

WEATHER CONDITIONS:	**SOIL/ BACKFILL CONDITIONS** (check all that apply):				
TEMPERATURE:	**MOIST**	**DRY**	**SAND**	**GRAVEL**	**LOAM**

CHECKLIST [MINIMUM REQUIREMENTS]

INITIAL

- ☐ Reviewed the cathodic protection system's design: location of tanks, lines, anodes, testing locations, and structure to soil potential readings. For impressed current systems include structure to soil native potential readings and rectifier amp and voltage settings.
- ☐ Reviewed record of previous cathodic protection system inspection: tank to soil potential readings, test locations, and previous inspectors' comments and observations. For impressed current systems, review the record for previous rectifier amp and voltage readings and record current readings.
- ☐ Provided site diagram with testing locations properly marked.
- ☐ Tested the system for electrical continuity: tanks, product lines, flex connectors, vent lines, conduit and other tank system equipment.
- ☐ Conducted structure-to-soil potentials on all protected tanks, piping, and flex connectors at a minimum of three per tank: one along the centerline, and one at either end. For each product line, tested above piping at the ends and middle (away from anode locations). Conduct additional tests on long piping runs.
- ☐ For impressed current system, conducted structure-to-soil potentials for rectifier instant off readings. For polarization readings not meeting the –850 mV instant-off requirement, tested for 100 mV polarization decay.
- ☐ For impressed current system, checked rectifier operation and current-to-anodes at any junction boxes in system. Asked owner if any physical changes have been made at site since installation.
- ☐ Provided written explanation to the site owner on the cathodic protection systems operating status, recommendations, and any repairs and attached it to this form.

CATHODIC PROTECTION SYSTEM CERTIFICATION

I have completed this form ***including the above checklist*** and ***certify*** the cathodic protection system is operating according to its design standards, and is providing cathodic protection to the tanks and piping: ☐ Yes ☐ No Date:	Signature of Tester _____ Print name of tester _____ Alaska UST Worker # _____ (or PE stamp for corrosion expert)
Mail form to: ADEC Storage Tank Program 555 Cordova Street Anchorage, Alaska 99501	Questions? Call ADEC at **907-269-7679** **or email** Cheryl.Paige@alaska.gov http://www.dec.state.ak.us/spar/ipp/tanks.htm

FACILITY NAME		*ADEC FACILITY #*	

SITE DIAGRAM

Sketch the facility below showing tanks, piping, buildings, vent lines and dispenser islands. Include all surface openings to tanks for pumps, fill pipes, tank monitoring, etc. Provide tank identification. On the diagram identify reference cell test locations with an "R" and a sequential number (R1, R2, etc.). Do the same for structure locations using "S" (S1, S2, etc.). You do not need to add continuity readings on the site diagram.

If the cathodic protection testing is done at the same time as the Operations Inspection Report, one diagram (on page 2 of the report) is sufficient as long as the *cell-test locations* and the *structure-locations* are clearly identified.

When taking structure-to-soil potential readings, the reference cell must be as close to the structure as possible and be in direct contact with the soil or backfill material around the tank and piping. For tank potential readings, soil or backfill may be accessed through openings for pump risers, tank monitors, etc. directly above tank when available. Permanent cathodic protection monitoring stations providing access to soil or backfill may need to be established through concrete or asphalt paving above tank and piping. Do not take structure-to-soil potential readings with the reference cell directly on concrete or asphalt paving. Potential readings made in this manner are not valid and will not be accepted.

COMPARE PAST CATHODIC PROTECTION SYSTEM SURVEY RESULTS WITH CURRENT READINGS TAKEN AT THE SAME LOCATION. LOOK FOR TRENDS.

RECTIFIER READINGS (FOR IMPRESSED CURRENT SYSTEM ONLY)

Design settings: Amperes _____ Volts _____

Current readings: Amperes _____ Volts _____

Initial Tap Settings_____

If adjusted, Final Tap Settings_____

Comments:

Reason for Tap Setting Adjustment:

FACILITY NAME		*ADEC FACILITY #*	

Structure-to-Soil Potential Measurements (Galvanic Systems Only)

ADEC Tank #	Reference Cell * Location (describe)	Measurement in millivolts (mV)	Structure Contact Point (check for each)		Comments (Pass, Fail, etc.)
			Test Station	Tank Bottom	
Tank #	**A.**				
	B.				
	C.				
Tank #	**A.**				
	B.				
	C.				
Tank #	**A.**				
	B.				
	C.				
Tank #	**A.**				
	B.				
	C.				
Pipe #	**A.**				
	B.				
	C.				
Pipe #	**A.**				
	B.				
	C.				
Pipe #	**A.**				
	B.				
	C.				
Pipe #	**A.**				
	B.				
	C.				

Instant-Off or 100-Millivolt Polarization Decay Measurements (Impressed Current Only)

Tank # or Pipe #	Structure Contact Point (describe)	Reference Cell * Location (describe) three per tank	Current on Voltage (mV)	Instant Off Voltage (mV)	Final Voltage (mV)	Voltage Decay (Instant Off Minus Final)	Comments (pass, fail, etc.)

* The reference cell must be in contact with soil. Use the area around the riser pipes, vent pipes, fill-buckets, open earth near the tank, or open earth within 30 feet from the tank.

FACILITY NAME		*ADEC FACILITY #*	

Continuity Measurements

(Required for Impressed Current, as Needed for Galvanic)

Select Method: Fixed-Reference *or* Structure-to-Structure

Fixed Reference, Moving Ground Method

Tank ID	Reference Cell * Location (Describe)	Contact Point (Describe)	Voltage (mV)	Comments: Continuous, Isolated
Tank #				
Tank #				
Tank #				
Tank #				

Structure-to-Structure Method

Tank ID #	Structure Contact Point (check for each tank)		Second Point of Contact ** (describe)	Voltage (mV)	Comments: Continuous or Isolated
	Test Station	Tank Bottom			
Tank #					
Tank #					
Tank #					
Tank #					

* The reference cell must be in contact with soil. Use the area around the riser pipes, vent pipes, fill-buckets, open earth near the tank, or open earth 30 feet from the tank.

** Second Point of Contact can include any metal object that may have dielectric contact with the tank including product piping, vent or fill pipe risers, leak detection devices, etc.